

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-S843B

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1	1	1	1	51						
2		1		1		1	52						
3				1		1	53						
4						1	54						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			1		1		TOTAL IND.						
TOTAL DEP.			1		1		TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						